

SENDER: Complete items 1,2 and 3.	I also wish to receive the following service (for an extra fee Place) Restricted Delivery Consult postmaster for fee.
John L. Clark GOODWIN, MACBRIDE, SQUERI, RITCHI	2. Article Number
San Francisco, California 94111 MAY	3. Service Type SCERTIFIED Date of Delivery
Received By: (Print Name) MRShell Homell	Enter delivery address lif different than item.1.
Signature - (Addressee or Agent) PS Form 3811 T-03714A-01-0805	DOMESTĮC RETURŅ RECEIPT